

BUSINESS MEMBERSHIP APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. All applications are subject to elicibility and Credit Union approval.

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How did you lea	arn about BHCU for Business?			
Business Name	·	TIN #		
Address		City	State	_Zip
Phone	(Cell)	(A)		
Primary Meml	ber (Print Name)			
Social Security	#	Account #		
Phone #	E-mail addre	SS		
Additional Me	mber (Print Name)			
Social Security	#F	Account #		
Phone #	E-mail addre	SS		
Additional Me	mber (Print Name)			
Social Security	#F	Account #		
Phone #	E-mail addre	SS		
☐ I/we authorize ☐ I/w	cation Number (PIN) is Please memorize your end by the BHCU to establish Online Banking and Audio Response as BHCU to establish E-Statements. BHCU to establish an Overdraft Privilege Service and action of perjury, I certify (1) that the number shown on this card are because I have not been notified that I am subject to be service has notified me that I am no longer subject sions included on this form and (3) I am a U.S. person (inclupplication for membership in BHCU and agree to confort I now have and agree to the terms and conditions set for conditions from time to time. This account may not be present as the property of the property o	Access. gree to the terms and conditions in the is my correct taxpayer identification n ackup withholding as a result of a fail to backup withholding. The IRS doding a U.S. Resident Alien). m to its bylaws and amendments ther orth for those and any future account	e Disclosure. number and (2) that I am not a lure to report all interest or sees not require the taxpayereof. I have received disclosts. I also agree the Credit U.	dividends, or the er to agree to the ure for any Credi nion may change
	Federally	Insured by NCUA		
	Primary Member Signature		Date	-
	Additional Member Signature		Date	-
	Additional Member Signature		Date	-
	Additional Member Signature		Date	-